

EXECUTIVE COUNCIL OF IOWA

AGENDA

JULY 2, 2012

1. Introduction of Attendees
2. Approval of minutes of Executive Council and Board of Canvass meetings held June 25, 2012
3. Personal Appearance –
 - A. Craig Markley, Department of Transportation will be present to request new memberships in the following:

 1. Iowa Wind Energy Association (IWEA) for one year in the amount of \$300.00
TAB # 1
 2. Iowa Association of Regional Councils (IARC) for one year in the amount of \$300.00.
TAB # 2
 - B. Ed Holland Risk & Benefits Administrator, Iowa Department of Administrative Services will be present regarding “Voluntary Midyear Insurance Change”
4. Payment of Cost Items – Pages 1 - 2
5. Renewal Memberships – Pages 2 - 3
TAB #'s 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12
6. Department of the Navy – Page 4
TAB # 13

4. Payment of Cost Items

- A. Dorsey & Whitney.....\$3,621.60
801 Grand Avenue, Suite 3900
Des Moines, IA 50309
2009-2010 Series of I-Jobs Bonds

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the Revenue Bonds Debt Service Fund.

- B. Dow, Lohnes PLLC.....\$168.50
1200 New Hampshire Ave NW Suite 800
Washington, DC 20036
Iowa Public Television

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of Iowa Public Television.

- C. Nyemaster, Goode, West, Hansell & O'Brien, P.C.....\$3,674.51
700 Walnut Street
Suite 1600
Des Moines, IA 50309
Collections of Accounts in Court

Julie Pottorff, Deputy Attorney General, has reviewed these invoices and recommends payment. Payment will be made from the funds of the Department of Economic Development.

- D. Coppola, McConville, Coppola, Hockenberg & Scalise, P.C.....\$5,000.00
2100 Westown Parkway, Suite 210
West Des Moines, IA 50265-1539
Mortgage Industry Practices

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the Consumer Litigation and Education Fund.

- E. Simmons Perrine Moyer Bergman PLC.....\$53,411.71
115 Third Street SE, Suite 1200
Cedar Rapids, IA 52402
Tobacco Settlement Authority

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of the Tobacco Settlement Authority.

- F. Shuttleworth and Ingersoll, P.L.C..... \$19,868.25
115 3rd Street South East
Suite 500
Cedar Rapids, IA 52401
Mills v. Iowa Board of Regents et al., an employment termination case

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made both from the General Fund (\$80.00 per hour) and by the Board of Regents (\$95.00 per hour plus expenses).

5. Renewal Memberships

- A. Administrative Services in Wellness Council of Iowa in the amount of \$1,000.00 for June 1, 2012 - May 31, 2013. (Previous amount was \$1,000.00.) Other agencies: Yes: Public Health Funding Source: Other Funds (Deferred at 6/25/12 Meeting)

TAB # 3

- B. Corrections in United States Police Canie Association in the amount of \$80.00 for January 1 - December 31, 2012. (Previous amount was \$80.00.) Other agencies: No: Funding Source: State General Fund

- C. Department on Aging in National Association of State Units on Aging and Disability (NASUAD) in the amount of \$7,725.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$7,500.00.) Other agencies: No: Funding Source: State General Fund (72%) Federal Funds (28%)

TAB # 4

- D. Emergency Management in National Emergency Management Association in the amount of \$3,200.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$3,200.00.) Other agencies: No: Funding Source: State General Fund

TAB # 5

- E. Health in American Association of State Counseling Boards in the amount of \$800.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$800.00.) Other agencies: No: Funding Source: Other Funds: Retained Fees

TAB # 6

- F. Health in National Association of State Controlled Substances Authorities in the amount of \$200.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$200.00.) Other agencies: No: Funding Source: Other Funds: Retained License/Registration Fees

- G. Health in Wellness Council of Iowa in the amount of \$1,000.00 for January 1 - December 31, 2012. (Previous amount was \$1,000.00.) Other agencies: No: Funding Source: Federal Funds (Deferred at 6/25/12 Meeting)

TAB # 7

- H. Human Services in Workgroup for Electronic Data Interchange (WEDI) in the amount of \$500.00 for March 1, 2012 - March 1, 2013. (Previous amount was \$500.00.) Other agencies: No: Funding Source: Federal Funds 90% / State General Fund 10%

- I. Iowa Public Television in National Association of Broadcasters (NAB) in the amount of \$996.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$996.00.) Other agencies: No: Funding Source: Other Funds: IPTV Misc

TAB # 8

- J. Iowa Public Television in National Educational Telecommunications Assoc. (NETA) in the amount of \$14,784.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$14,314.00.) Other agencies: No: Funding Source: Other Funds: CPB Funds

TAB # 9

- K. Iowa Public Television in Organization of State Broadcasting Executives (OSBE) in the amount of \$3,000.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$3,000.00.) Other agencies: No: Funding Source: Other Funds: CPB Funds

TAB # 10

- L. Iowa Workforce Development in National Association of Government Labor Officials (NAGLO) in the amount of \$1,500.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$1,500.00.) Other agencies: No: Funding Source: Federal Funds 50%/State Funds 50%

TAB # 11

- M. Iowa Workforce Development in Occupational Safety & Health State Plan Assn. (OSHSAPA) in the amount of \$100.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$100.00.) Other agencies: No: Funding Source: Federal Funds 50% / State General Fund 50%

- N. Treasurer of State in National Association of State Auditors, Comptrollers and Treasurers in the amount of \$ 3,500.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$ 3,500.00.) Other agencies: Yes: State Auditor, Administrative Services Funding Source: State General Fund

TAB # 12

6. Department of the Navy

Request from the Department of the Navy to extend the loan of ship model USS Iowa (BB-61), Supplement No. 29 Contract N00024-82-C-0204, from September 1, 2012 to September 1, 2013.

TAB # 13

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 1

RECEIVED

JUN 19 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Transportation (DOT)

NAME OF ORGANIZATION: Iowa Wind Energy Association (IWEA)

NEW MEMBERSHIP: X **RENEWAL:** _____ **MEMBERSHIP PERIOD:** January 1-December 31, 2012
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT: \$ 300.00

Funding Source: State General Fund ☐ Other State Funds \$ 300 Primary Road Funds

Federal Funds ☐ **Other Funds** \$

If Renewal, previous year amount: \$

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☒ **Yes** ☐ **No**

If Yes, please list: Iowa Economic Development Authority

Please describe why your department should have an additional membership:

The transportation requirements and shipping frequency of large wind turbine components and cranes are increasing as is the size of the components. As more wind farms and energy transmission systems are built, regular communications with the companies that provide these transportation services becomes more critical for transportation infrastructure decisions and permitting issues. Most of the companies that provide these services are members of the Iowa Wind Energy Association and a DOT membership in IWEA will help facilitate communications with these firms.

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ **Yes** ☒ **No**

If Yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

DOT staff address outside groups regarding transportation issues related to wind turbines. Membership to this organization will enable them to better relay the most updated information to those concerned at the DOT and aid in the process of forming regulations.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:

DOT staff will gain current information as a member of IWEA and in turn will better serve the public regarding issues related to federal and state regulations associated with the transport of wind turbines.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

IWEA publishes a monthly newsletter sent to all members via email regarding issues important to the wind energy industry. The association holds an annual conference that attracts hundreds of IWEA members including component transportation and crane service providers. IWEA and DOT staff are planning periodic meetings with wind component transportation and crane company staff to identify issues of importance to the DOT and wind energy service companies.

Requested by: <u>John Adam Paul [Signature]</u>	Date: <u>6/15/2012</u> June 13, 2012
Phone: <u>515/239-1124</u>	E-mail: <u>john.adam@dot.iowa.gov</u>

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 6/22/12

2012 JUN 25 11 04 AM
2012 JUN 25 11 04 AM

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 2

RECEIVED

JUN 19 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Transportation

NAME OF ORGANIZATION: Iowa Association of Regional Councils (IARC)

NEW MEMBERSHIP: X RENEWAL: MEMBERSHIP PERIOD: 7/1/2012-6/30/2013

(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT: \$300

Funding Source: State General Fund ☐ Other State Funds ☒ \$300 (RUTF)

Federal Funds ☐ Other Funds \$

If Renewal, previous year amount:

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If Yes, please list:

Please describe why your department should have an additional membership:

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If Yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

IARC consists of 17 Councils of Government (COG) which provide assistance to local member governments (cities and counties) related to transportation planning, economic development, operation of transit systems, zoning, human services, housing and environmental concerns. In 1993, Iowa adopted a process where non-metropolitan transportation planning, project prioritization and funding are undertaken by local governments through a regional planning agency (COGs). Iowa needs to be engaged in transportation policy and management issues/decisions at IARC and their member COGs to ensure that transportation infrastructure and services are provided across the state on a coordinated and consistent basis.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:

The COGs plan for and program the distribution of over \$80 million in federal transportation funds within their regions to improve the transportation system including highways, bridges, transit, trails and other enhancement programs. Iowa's participation in IARC is one of the best ways to assure Iowans that they continue to receive the benefits from transportation system improvements.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Meetings: monthly Telephone & e-mail contacts: weekly

Requested by:

Paul Anderson
(Department Head Signature)

Date:

6/15/12

Phone: 515-239-1661

E-mail: Stuart.Anderson@dot.iowa.gov

DOM:

Approval ☒

Disapproval ☐

Signature

Paul Anderson

Date

6/25/12

DEFERRED 6/25/12
Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

R

D

TAB # 3

MEMBERSHIP

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Administrative Services

NAME OF ORGANIZATION: Wellness Council of Iowa

NEW MEMBERSHIP ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 06/01/2012 - 5/31/2013
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$1,000

Funding Source: State General Fund ☐ Other State Funds ☐

Federal Funds ☐ Other Funds ☒

If Renewal, previous year amount. \$1,000

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☒ **Yes** ☐ **No**

If yes, please list: Public Health

Please describe why your department should have an additional membership The Department of Public Health uses their membership to influence public policy and impact private citizen groups. The DAS membership will be used to develop a well workplace for State of Iowa employees, as well as to shape the employee wellness program, with the desired outcome of positive impacts on health outcomes and health care expenses.

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ **Yes** ☒ **No**

If yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

One of the DAS department goals is to affect the health of employees and their families. This membership will allow us receive the materials, models, documents, and guidance needed to help us build a results-oriented wellness initiative. In addition, we intend to apply for a Well Workplace designation from the Wellness Council of America (WELCOA). Membership in the Wellness Council of Iowa includes a WELCOA membership, which is required to obtain a well workplace application thus moving the process forward. As a result of applying for a Well Workplace award, we will receive valuable feedback which will help to further develop and refine our wellness program offerings.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Robust wellness programs have been proven to result in an improvement in health status and health outcomes, which translate to lower health insurance premiums and reduced operating expenses for the State and its' citizens. Membership in the Wellness Council of Iowa will provide access to a broad array of expert information. In addition, it provides learning opportunities through publications, emails, conferences, access to the WELCOA web site, and networking.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Formal contact with the Wellness Council of Iowa will occur at least on a quarterly basis. Casual contact, such as accessing the WELCOA web site and receiving and reviewing publications and emails, will occur more frequently. During the Well Workplace application process, much more frequent contact will occur.

Requested by:

by c14

(Department Head Signature)

Date:

6/14/12

Phone: 515-281-3273

Email: mike.carroll@iowa.gov

DOM:

Approval ☒

Disapproval ☐

Signature:

Date:

6/14/12

2012 JUN 18 AM 8:15

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 4

RECEIVED

JUN 20 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Department on Aging

NAME OF ORGANIZATION: National Association of State Units on Aging and Disability (NASUAD)

NEW MEMBERSHIP ____ **RENEWAL** X **MEMBERSHIP PERIOD:** 7-1-12 to 6-30-13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 7,725

If Renewal, previous year amount. \$ 7,500

FUNDING SOURCE: State General Fund ☒ 72% Other State Funds ☐ ____

Federal Funds ☒ 28% **Other Funds** ☐ ____ **If Renewal, previous year amount \$** ____

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No **If yes, please list:**

WILL THIS MEMBERSHIP REQUIRE OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

NASUAD is the National Organization for the State Units on Aging and Disability. The organization provides information, customized technical assistance, and policy support to the department, and is the recognized national organization of the 56 state units on aging across the United States and its possessions. The department is supported with education in such areas as nutrition, mature worker, and elder abuse, legal services, family caregiving, elder justice and healthcare reform. The organization keeps the department informed of national legislative issues and trends, new initiatives and grant opportunities and best practices. NASUAD facilitates the exchange of information, ideas and experience on effective state policy options, service delivery strategies, and management practices. NASUAD educates members of Congress and the Administration about the need for additional federal assistance for things such as: Affordable Care Act; Aging and Disability Resource Centers and Evidence Based programs.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL ADVANCE GOALS FOR YOUR DEPARTMENT SET BY THE COUNCIL ON HUMAN INVESTMENT

To fulfill goal No. 1 in the State Plan as signed by the Governor.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

The Department receives weekly updates and more often as congressional issues arise. In addition, the department frequently is in contact with NASUAD to assist in networking with other states; in seeking specific technical assistance; in clarifying federal policy issues and in exploring various funding opportunities. NASUAD convenes networking opportunities, conducts educational seminars and webcasts and issues frequent e-mail, newsletters and other mailings of significance to the department.

Requested by:

Donna Harvey
Donna Harvey

Date: 6-19-12

Phone: 515-725-3302

E-mail: donna.harvey@iowa.gov

DOM:

APPROVAL ☒ **DISAPPROVAL** ☐

Signature

Date

6/21/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVALDEPARTMENT REQUESTING MEMBERSHIP: Department of Public DefenseNAME OF ORGANIZATION: National Emergency Management Association

NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 07/01/12-06/30/13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,200.00Funding Source: State General Fund ☒ Other State Funds ☐Federal Funds ☐ Other Funds ☐If Renewal, previous year amount. \$ 3,200DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose: There are two conferences and multiple meeting and training opportunities each year. The State pays for the mid-year conference which involves lobbying. NEMA provides stipends for the training and federal grant money covers the annual conference.

Anticipated Meetings July 1, 2012 - June 30, 2013:

October 5-9, 2012 Seattle, Washington - 2012 Annual Conference
March 2013, Mid-Year Conference, Alexandria, VA

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

NEMA represents emergency management interests on a national scale and is the only association dedicated to state emergency management issues. Participation is essential for development and sustainment of Iowa's programs. It is vital Iowan's interests be represented in the discussion of public policy.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

NEMA provides a forum for discussion and information sharing that will continue to help build a strong emergency management program that reduces the effects of disasters on life and property. Iowans benefit greatly from the communication and professional relationships fostered through NEMA.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: NEMA is a forum for information sharing to build a strong program that reduces the effects of disasters on the life and property. Iowan benefit from the communication and professional relationships fostered through NEMA.

Requested by: [Signature] Date: 6/25/12
(Department Head Signature)

Phone: 515-725-3230 E-mail: Mark.Schouten@iowa.gov

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 6/26/12

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 6

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Public Health

NAME OF ORGANIZATION: American Association of State Counseling Boards

NEW MEMBERSHIP ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 7.1.12-6.30.13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 800.00 2054

Funding Source: State General Fund ☐ Other State Funds
Federal Funds ☐ Other Funds ☒ Retained Fees

If Renewal, previous year amount. \$ 800.00 ✓

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

AASCB is the only association of boards responsible for the regulation of mental health counselors in the U.S. with legal authority to license mental health counselors. Board membership in AASCB is directly tied to licensure through the national licensure examination used in all 50 states. AASCB provides a central system of regulation that is easy to navigate, understandable, and assures public protection. AASCB provides member boards with the opportunity to develop regulatory policy that determines licensure eligibility of mental health counselors. It provides the only natural venue to develop mental health counseling laws and rules that allow mental health counselors to practice across state lines. Belonging to AASCB allows for the seamless exchange of essential information via an e-mail listserv.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Membership is required so that Iowa will be able to license mental health counselors in compliance with Iowa laws and rules. Iowa will lose a significant amount of professional consultation and networking regarding licensure policy and test development. As the Behavioral Science Board goes through the process to update the requirements for licensure this process will be made much more difficult without the expertise and networking provided by AASCB. Reciprocity with other states will be compromised.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Fax, phone, e-mail, web and newsletters.

Requested by: Maria Spangler for Dr. Miller Meeker **Date:** 06.21.12
(Department Head Signature)

Phone: _____

DOM: Approval ☒ Disapproval ☐

Signature: David Reder **Date:** 6/21/12

Deferred 4/25/12

Executive Council of Iowa

TAB # 7

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Public Health

NAME OF ORGANIZATION: Wellness Council of Iowa

NEW MEMBERSHIP ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** January 1, 2012-December 31, 2012

MEMBERSHIP FEE OR DUES AMOUNT \$ 1000 ✓

Funding Source: State General Fund ☐ Other State Funds ☐

Federal Funds ☒ 0752 **Other Funds** ☐

If Renewal, previous year amount. \$ 1000 ✓

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☒ Yes ☒ No **If yes, please list:** DAS

Please describe why your department should have an additional membership. Without this membership, IDPH would not have access to the many worksite wellness resources available on the members-only Web site for the Wellness Council of Iowa. Only members of the Wellness Council of Iowa receive updates on critical issues such as new data, evaluation resources and best practices from successful, existing worksite wellness programs.

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose:

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT. A worksite wellness coordinator is employed at IDPH through the Centers for Disease Control and Prevention Nutrition and Physical Activity grant. IDPH and the Worksite Wellness Coordinator need access to member-only resources to provide businesses in Iowa with resources to implement, evaluate, and sustain employee wellness programs. It is important for IDPH to remain current on wellness efforts and strengthen those efforts, where possible. The steering committee for Healthy Opportunities, the wellness initiative for State of Iowa employees, will also benefit from the information available through the Wellness Council of Iowa.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA. It has been shown that large businesses receive a return on investment of up to \$4.91 per dollar spent on wellness programs. IDPH will assist companies in utilizing evidence-based methods and best practices to create the most cost effective programs. Many of these materials are available on the members-only Web site through the Wellness Council of Iowa. IDPH also provides worksite wellness information to other departments within the state.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Resources, both in-person, by telephone and via the Web site will be accessed several times per week.

Requested by: Mariam M. Mulla **Date:** 6/15/2012
(Department Head Signature)

Phone: _____ **E-mail:** _____

DOM: Approval ☒ Disapproval ☐

Signature [Signature] **Date** 6/20/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 8

IVED

6 2012

REQUEST FOR MEMBERSHIP APPROVAL

IOWA DEPT. OF
MANAGEMENT

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Public Television
NAME OF ORGANIZATION: National Association of Broadcasters (NAB)
NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 7-1-12 - 6-30-13
(Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ 996.00

Funding Source: State General Fund ☐ Other State Funds ☐

Federal Funds ☐ Other Funds ☒ IPTV Misc.

If Renewal, previous year amount. \$ 996.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: _____
Not required, but some IPTV staff attend the annual NAB conference.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

NAB provides information and legal services for all broadcast stations and advance information and recommendations regarding FCC and Congressional activities.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

The membership will save about \$100 per person on registration at the annual NAB conference, which IPTV staff already attend. Moreover, IPTV benefits greatly from NAB's research and advocacy activities.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Frequent informational mailings from NAB, occasional phone and e-mail.

Requested by: Daniel K. Miller Date: 6/26/12
(Department Head Signature)
Daniel K. Miller, Executive director and General Manager
Phone: 2-3123

DOM: Approval ☒ Disapproval ☐

Signature Daniel K. Miller Date 6/26/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 9 RECEIVED

JUN 21 2012

IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Public television
NAME OF ORGANIZATION: National Educational Telecommunications Assoc. (NETA)
NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 7-1-12 - 6-30-13
(Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ \$14,784.00

Funding Source: State General Fund ☐ Other State Funds ☐
Federal Funds ☐ Other Funds ☒ CPB Funds
If Renewal, previous year amount. \$ \$14,314.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: _____
Not required but staff will attend some NETA conferences and workshops.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

Gives access to a broad range of services dealing with educational telecommunications and public

TV programming

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Cost savings of several thousand dollars from what IPTV would pay as a nonmember for access to NETA'S public television program library and for national distribution of many IPTV programs and series; reduced rates to NETA's considerable array of professional development opportunities at NETA educational conferences.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Weekly written and oral information exchange.

Requested by: Daniel K. Miller Date: 6/20/12
(Department Head Signature)
Daniel K. Miller, Executive Director & General Manager
Phone: 2-3123

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 6/22/12

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 10 **CEIVED**
JUN 21 2012
IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Public Television
NAME OF ORGANIZATION: Organization of State Broadcasting Executives (OSBE)
NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 7-1-12 - 6-30-13
(Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ \$3,000

Funding Source: State General Fund ☐ Other State Funds ☐
Federal Funds ☐ Other Funds ☒ CPB Funds
If Renewal, previous year amount. \$ \$3,000

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: _____

Not required, but general manager occasionally attends meetings.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

Allows participation in review and formulation of guidelines on legal or regulatory
matters affecting state networks.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Receipt of information and survey data on many areas relating to public broadcasting
exploration of potential multi-state projects, and sharing "best practices" information among general
managers of state networks

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Weekly e-mails, surveys, responses to questions.

Requested by: Daniel K. Miller Date: 6/22/12
(Department Head Signature)
Daniel K. Miller, Executive Director and General Manager
Phone: 2-3123

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 6/22/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL**DEPARTMENT REQUESTING MEMBERSHIP:** Labor Commission**NAME OF ORGANIZATION:** National Association of Government Labor Officials (NAGLO)

NEW MEMBERSHIP ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 7/1/2012-6/30/2013
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 1,500.00**Funding Source:** State General Fund ☐ Other State Funds ☐**Federal Funds** ☐ Other Funds ☒ 50 State 50 Federal**If Renewal, previous year amount.** \$ 1,500.00**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** ☐ Yes ☒ No**If yes, please list:** _____**Please describe why your department should have an additional membership** _____**WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?** ☒ Yes ☐ No**If yes, list the anticipated number of trips per year and their purpose:**

One or two meetings a year that are optional.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

NAGLO is a bi-partisan association that provides a forum for Labor Commissioners and their senior-level staff to meet each other and discuss common issues and share ideas. It offers services and information to improve the protection of working men and women.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Gain knowledge in areas of OSHA, Wage Enforcement, Child Labor, Boiler, Elevator & Amusement Ride Inspections.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Monthly by email and phone.

Requested by: Laura Wahlert
(Department Head Signature)

Date: 6-25-12**Phone:** _____**DOM:** Approval ☒ Disapproval ☐

Signature David Pedersen **Date** 6/26/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 12

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Treasurer of State _____

NAME OF ORGANIZATION: National Association of State Auditors, Comptrollers and Treasurers _____

NEW MEMBERSHIP RENEWAL ☒ **MEMBERSHIP PERIOD:** July 1, 2012 - June 30, 2013 _____
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,500.00 _____

Funding Source: State General Fund ☒ Other State Funds ☐ _____

Federal Funds ☐ **Other Funds** ☐ _____

If Renewal, previous year amount. \$ 3,500.00 _____

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☒ Yes ☐ No

If yes, please list: State Auditor, Administrative Services _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

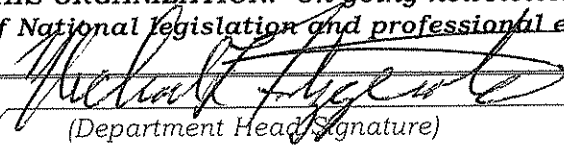
If yes, list the anticipated number of trips per year and their purpose: _____

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

It provides on going information and contact with other State governments.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: On going newsletter and publications to provide updated information of National legislation and professional education _____

Requested by:  **Date:** July 1, 2012 _____
(Department Head Signature)

Phone: 281-5368 _____ **E-mail:** _____

DOM: Approval ☐ Disapproval ☐

Signature _____ **Date** _____



DEPARTMENT OF THE NAVY
NAVAL SEA SYSTEMS COMMAND
1333 ISAAC HULL AVE SE
WASHINGTON NAVY YARD DC 20376-0001

TAB # 13

IN REPLY TO

5750

Ser 00D/0621-01

June 21, 2012

2012 JUN 20 11 09:00

Ms. G. Madsen
Executive Council of Iowa
1007 East Grand
State Capitol Bldg. Rm. 114
Des Moines, IA 50319

Dear Ms. Madsen:

The Naval Sea Systems Command is pleased to be able to offer you the loan of our exhibition ship model for another year. Contract N00024-82 -C0204 which will expire on 1 September 2012.

To easily extend the loan agreement, sign both copies of Supplement No. 29 and return them along with a current Certificate of Insurance. The Certificate of Insurance should reflect the requirement to provide 30 days advance written notice of any policy cancellation. It should also show adequate Fine Arts coverage, reflecting the current value as stated on the enclosed supplement, and Bodily Injury Liability coverage in the amount of \$300,000.00, per occurrence. Upon acceptance, a counter-signed copy of the supplement will be sent back to you.

Your prompt attention is greatly appreciated. It is our hope that you continue to enjoy the model, and we look forward to receiving your reply. We can be reached on (202) 781-2975 if you have any questions.

Sincerely,

PATRICIA K. DOLAN
Director, Office of
Corporate Communications